3

PreventiveServices

Overview

Despite decades of medical advances, health warnings and a proliferation of health screenings, heart disease remains the number one killer of Americans – Utahns included. In addition, poor oral health is among the top medical problems facing Utah children, and immunization rates remain lower than national averages in some parts of the state

By applying for a Healthy Community award, cities and towns have the opportunity to play an active role in improving the health of residents through preventive measures such as screenings for heart disease, cancer, cholesterol, blood pressure and diabetes. Oral health assessments and immunization efforts are also a key component of the Preventive Services section. The following are resources to help you get started.

Policy

- Written plan with long-term objectives for preventive services is written by local health departments, local hospitals or local community-based coalition
- Provide incentives for city/town & county employees to receive recommended preventive services
- Policy that encourages all city/town or county employees to be current on recommended immunizations

Infrastructure

- Conduct assessment of child and/or adult immunizations status
- Existence of community coalition addressing immunization issues
- Existence of community coalition addressing oral health
- Existence of community-based screening & prevention resources for blood pressure, cancer, cholesterol, diabetes, and oral health

Outcomes

 Increase immunizations rates for city/town employees, residents, or selected target populations Show improvements in screening rates, early detection and prevention practices for city/town & county employees in blood pressure, cancer, cholesterol, diabetes, and oral health

Oral Health Activities

Use the following list to determine how your community can assess and improve residents' dental health.

Potential community activities:

- Needs assessment, data collection
- Volunteer coordination
- Education/awareness media campaign
- Fluoridation education
- Sealant or fluoride varnish project
- · Local oral health task force
- Recruitment of additional dental providers
- Contact your local health department for the person responsible for oral health and more information on the above activities.

State oral health coalition partners:

Contact Steven Steed, Utah Department of Health Oral Health Program, 801-538-9177.

- Area Health Education Centers (AHEC)
- Association for Utah Community Health (AUCH)
- Caring Foundation for Children
- Head Start
- HRSA Region XIII
- Intermountain Health Care
- Medical Education Council
- Primary Children's Medical Center Child Advocate & Pediatric Dental Dept.
- Salt Lake Community Action Program
- Salt Lake Donated Dental Services
- University of Utah School of Medicine & Dental Clinic
- Utah Children
- Utah Dental Association: Access Committee and Alliance
- Utah Dental Hygienists' Association
- Utah Department of Health
- Utah Issues

Preventive Services

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Comm		Utah I	Dental S	afety	Safety-Net Clinics
unit	District	Agency	City	Phone #	Services
v R e	Salt Lake County	Family Dental Plan	Salt Lake City	(801) 468-0342	Medicaid, PCN, CHIP, UMAP - Medicaid fees charged to poverty level of 200%
es	Salt Lake County	Family Dental Plan at Ellis Shipp	West Valley City	(801) 969-8243	Medicaid, PCN, CHIP, UMAP - Medicaid fees charged to poverty level of 200%
OL	Davis County	Family Dental Plan	Layton	(801) 546-2263	Medicaid, PCN, CHIP, UMAP - Medicaid fees charged to poverty level of 200%
ırc	Utah County	Family Dental Plan	Provo	(801) 374-7011	Medicaid, PCN, CHIP, UMAP - Medicaid fees charged to poverty level of 200%
:e	Weber-Morgan	Family Dental Plan	Ogden	(801) 394-4495	Medicaid, PCN, CHIP, UMAP - Medicaid fees charged to poverty level of 200%
Ma	Salt Lake County	Central City Community Health Center Dental Clinic	Salt Lake City	(801) 325-9538	Medicaid, PCN, CHIP, sliding fee scale
anı	Salt Lake County	Stephan D. Ratcliffe Community Health Center Dental Clinic	Salt Lake City	(801) 328-5756	Medicaid, PCN, CHIP, sliding fee scale
ual	Salt Lake County	Oquirrh View Community Health Center Dental Clinic	Kearns WVC	(801) 963-0914	Medicaid, PCN, CHIP, sliding fee scale
	Utah County	Mountainlands Community Health Center Dental Clinic	Provo	(801) 429-2012	Medicaid, PCN, CHIP, sliding fee scale
	Utah County	Community Health Connect	Utah County	(801) 818-3015	Low-income uninsured adults and children are referred to area dentists to receive care at no charge
	Weber-Morgan	Midtown Community Health Center	Ogden	(801) 626-7169	Medicaid, PCN, sliding fee scale
	Salt Lake County	Intermountain Dental Health Clinics	Midvale	(801) 256-0600	Medicaid, PCN and CHIP
	Utah County		Orem	(801) 224-7182	Medicaid and CHIP
	Salt Lake County		Salt Lake City	(801) 983-0345	At or below 100% of poverty, Medicaid and PCN
	Weber-Morgan	Ogden Rescue Mission Dental Clinic	Ogden	(801) 621-3553	Low income, uninsured one afternoon a week
	Salt Lake County	Salt Lake County Primary Children's Medical Center Dental Clinic	Salt Lake City	(801) 588-3620	Medicaid or uninsured - limited to children under fourteen years of age in need of extensive treatment
					or with disabilities
	Salt Lake County	U of U Health Sciences Center Dental Clinic	Salt Lake City	(801) 581-2220	Medicaid, PCN, CHIP, adults with disabilities
	Salt Lake County	U of U Hospitals and Clinics - Greenwood Health Center	Salt Lake City	(801) 567-7484	Medicaid, PCN, CHIP, BlueCross BlueShield, ValueCare
	Salt Lake County	Salt Lake Community College Dental Hygiene Program	Salt Lake City	(801) 957-2710	Preventive services for adults and children. Medicaid, reduced fee schedule
	Utah County		Orem	(801) 863-7536	Preventive services for adults and children. Reduced fee schedule
	Wasatch	Wasatch Family Dental Clinic	Heber City	(435) 654-2700	Medicaid, PCN and low-income clients who will pay Medicaid rates
	Weber-Morgan	Weber State University Dental Hygiene Program	Ogden	(801) 626-6130	Preventive services for adults and children. Medicaid, reduced fee schedule
	Weber-Morgan	United Way Weber Dental Program for Disadvantaged Children Ogden	Ogden	(435) 399-5584	Dental services for needy children under eighteen years of age who are not eligible for other assistance
	Bear River	Bear River Community Health Center Dental Clinic	Garden City	(435) 946-3660	Medicaid, PCN, CHIP, sliding fee scale one day/week
	Bear River	Cache Valley Community Health Clinic	Logan		Low-income uninsured two evenings a month
	SouthWest	Dixie College Dental Hygiene Program	St. George	(435) 652-7874	Preventive services for adults and children. Medicaid, reduced fee schedule
	SouthWest	St. George Community Health Center Dental Clinic	St. George	(435) 986-2565	Medicaid, PCN, CHIP, sliding fee scale services are provided at the St. George Family Dental Plan
	Clinic				
	SouthWest	Family Dental Plan	St. George	(435) 625-3806	Medicaid, PCN, CHIP, UMAP and Medicaid fees charged uninsured below 200% of poverty
	TriCounty	Fort Duchesne Medical Center Dental Clinic	Ft. Duchesne Reservation	(435) 725-6813	Native American population only
	Southeast	Green River Medical Center	Green River	(435) 564-3434	Medicaid, PCN, CHIP, low-income uninsured below 200% of poverty
		Montezuma Creek Community Health Center	Montezuma Creek	(435) 651-3291	Medicaid, PCN, CHIP, sliding fee scale
		Monument Valley Health Clinic	Monument Valley	(435) 727-3242	Ask for dental clinic. Medicaid, PCN, CHIP, Navajo Nation Insurance, Delta Dental, BlueCross
					BlueShield, Mail Handlers, sliding fee scale for uninsured Utah residents
			, ,	1000 1000	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Dounty Tricounty Health Department Medicaid Family Dental Clinic. Vernal (435) 781-0875. Medicaid, PCN and Medicaid fees charged to uninsured below 200% of poverty For a complete list of dentists and dental clinics providing services for adults and children enrolled in Medicaid, call 801-538-6155 or 800-662-9651. For a complete list of PEHP dentists and dental clinics providing services for children enrolled in CHIP, call 888-222-2542.

Oral Healt	h Web Sites
Name of Web Site	Web Site Address
American Dental Association	www.ada.org
Colgate	www.colgatebsbf.com
Pediatric Oral Health Information	www.aapd.org/pediatricinformation
Procter & Gamble	www.dentalcare.com
Proper brushing	www.adha.org/oralhealth/brushing.htm
Proper flossing	www.adha.org/oralhealth/flossing.htm
The American Academy of Pediatric Dentistry	www.aapd.org
The American Dental Hygienists' Association	www.adha.org
Utah Dept. of Health – Oral Health	www.health.utah.gov/oralhealth

> Preventive Services

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Immunization Utah Immunization Program

The mission of the Utah Department of Health Immunization Program is to improve the health of Utah's citizens through vaccinations to reduce illness, disability, and death from vaccine-preventable infections. The UDOH immunization web site provides a vast array of resources for the public as well as health care providers, including: school/child care information; statewide statistics, and the Vaccines for Children Program. (VCF) web site QuickLinks connect you with: the Immunization Care-A-Van; current issues; Community Nursing Services; recommended vaccination schedules; parents' guide; a list of statewide clinics; local health departments; travel information; and adult immunizations.

The Immunization Program also publishes a newsletter, provides an Events Calendar, and offers general news information such as statewide flu vaccine schedules.

To speak with someone in the **Immunization Program** by phone, call **(801) 538-9450**.

Immunization Activities

- Care-A-Van (mobile immunization clinic)
- Community Outreach/Education

- Care Fair
- Press Conferences
- Vaccines for Children Providers Conference
- Bus Campaigns

Care-A-Van

In 1993, the "Every Child by Two" Immunization Task Force, in conjunction with the Utah Immunization Program and other sponsors, developed a mobile immunization clinic known as the Care-A-Van. This clinic was designed to help increase access to immunization services and primarily targets areas identified with low immunization levels or limited immunization services.

Beginning in 2004, the Care-A-Van will travel across the state from February through October. Immunizations are free for children ages 2 and under and are only \$5 per shot for all other children needing immunizations who meet VFC's eligibility guidelines. Anyone else, including adults, may be billed through their insurance.

To receive an information packet and schedule a Care-A-Van event in your community, contact the **Utah Immunization Program** at (801) 538-9450 or **Community Nursing Services** at (801) 233-6710.

Im	muniza	tion	Co	alitio	1s/Co	ontacts
District	Agency	City	Contact Title	Contact Name	Phone	E-Mail Address
Statewide	Every Child By Two Immunization Task Force	Salt Lake City	Ed/Outreach Coordinator	Rebecca Ward	(801) 538-6682	rward@utah.gov
Statewide	Consumer Information Immunization Hotline	Salt Lake City	Ed/Outreach Coordinator	Rebecca Ward	(800) 275-0659	rward@utah.gov
Statewide	Utah Adult Immunization Coalition	Murray	Co-Chair Co-Chair	John M. Matsen, M.D DeVon C. Hale, M.D.	\ /	john.matsen@hsc.utah.edu travel.clinic@hsc.utah.edu
Salt Lake	Greater Salt Lake Immunization Coalition	Salt Lake City	Chair	Shellie Ring, MD	(801) 942-1800	
Bear River, Davis & Weber/ Morgan	Northern Utah	Ogden	Chair	Cheryl Andreasen	(801) 399-8413	candreas@co.weber.ut.us

Immun	ization Web S	ites
Name of Web Site	Web Site Address	Information
American Academy of Pediatrics	www.aap.org	Policy statements; student, parent,
		community information; "Red
		Book" order information
Centers for Disease	www.cdc.gov	Several Web sites and phone
Control & Prevention (CDC)		numbers with timely and accurate
		information, and hotlines for
		students, parents, the community
		and the school nurse. Directory of
		National Immunization Resources
Immunization Action Coalition (National)	www.immunize.org	
Spanish Language Website	www.cdc.gov/spanish	Vaccines for Children Program
	www.cdc.gov/nip.vfc	provides eligible children all
		recommended vaccines at no cost
National Partners for Immunization	www.partnersforimmunization.org	
National Coalition for Adult Immunization	www.nfid.org/ncai/	
National Alliance for Hispanic Health	www.hispanichealth.org	Immunization for All Ages Program
		A great Hispanic immunization
resource		
National Institutes of Health (NIH)	www.niaid.nih.gov/publications/va	ccine/pdf/undvacc.pdf
Plain Talk About Childhood Immunizations	www.metrokc.gov/health/immuniz	ation/childimmunity.htm

The Food and Drug Administration (FDA) www.fda.gov

Toll-Free Phone Numbers

CDC Immunization Information Hotline: 1-(800) 232-2522

FDA's Consumer Information Hotline: 1-(800) 835-4709

Vaccines For Children Program Handout (front)



CDC National Immunization Information 8409878157F

ESPANOL:

f your doctor is a

participating provider

However, if your doctor is not shots in the doctor's office. you can get your child's a "VFC participating

provider," you can take your child to your local health department or to your

center clinic for these free or community or rural health low cost vaccines.

Children Program?

recommended vaccines at no (VFC) program is a federal The Vaccine for Children program that provides eligible children all

Vaccines for Children Program

for Eligible Children Vaccines of No Cost

give the vaccines to children fee. The federal government doctors and clinics agree to charged a small processing cost. You may, however, be pays for the vaccines, and

SAFER . HEALTHIER . PEOPLE"

Immunization

who qualify.

PreventiveServices 4

Vaccines For Children Program Handout (back)

Department of Health and Human Services
Centers for Disease Control and Prevention
National Immunization Program
1600 Clifton Road • Atlanta, GA 30333

Is my child eligible?

Children from birth through 18 years of age can receive vaccines through the VFC program if they are at least one of the following:

eligible for Medicaid without health insurance

American Indian or Alaska Native

If you have booth insurance that doesn't cover reactions, your child is eligible. However, you will have to go to a federally qualified beath center or a rural health clinic for your VFC vaccinations. Cell your local or state beath department immunitation program for a center

have to pay? How much will I

if you can not pay this fee. The savings to you can be well over \$400! You won't pay anything for the vaccine itself, fee. However, you can still get the vaccine, even but you may be asked to pay a small processing

numbers are listed at the top.

For more information on the VFC program, please call your local health department, your state immunization program or the National Immunization Hotline. Or visit the VFC website WEBSITE:

National Immunization Hotline: 800-232-2522 Hearing Impaired: 800-232-7886

Where can I get VFC vaccines for my child?

participating providers" in your area. They can also give you a list of "VFC doctor is a "VFC participating provider." immunization program to find out if your your local or state health department the VFC program. Ask your doctor. Or call Most baby and family doctors take part in

Program website or call the National You can also visit the national VFC immunization program. please call your doctor, your local health For more information on the VFC program, Immunization Hotline. The site and department, or your state

> Rubella (German measles) Tetanus (lockjaw) Varicella (chickenpox) ertussis (whooping cough) aemophilus influenzae type b (Hib)

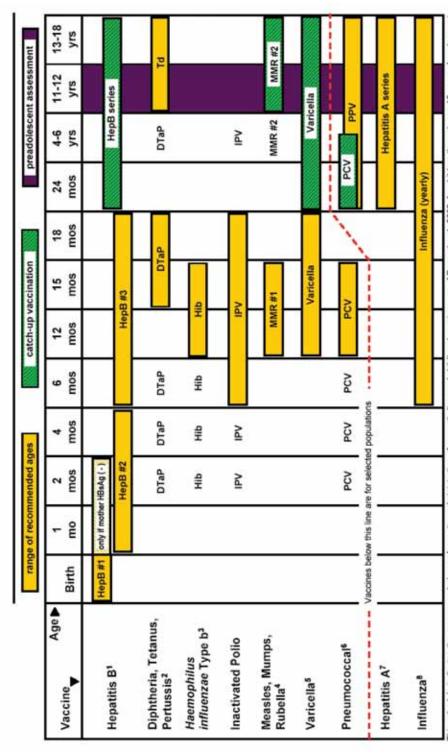
Some people think hese diseases no longer exist

They do exist. But we seldom see most of them in the U.S. because of successful vaccination programs, such as the VFC program. The only

Immunization Schedule for Childhood and Adolescents Handout

/front/

Recommended Childhood and Adolescent Immunization Schedule-United States, 2003



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2002, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible will indicate age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year, Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

mmunization Schedule for Childhood and Adolescents Handout

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Footnotes

Recommended Childhood and Adolescent Immunization Schedule— United States, 2003

1. Hepatitis B vaccine (HepB). All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant a mother is HBsAgnegative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The tast dose in the vaccination series (third or fourth dose) should not be administered before age 6 months.

Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL Hepatits B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1-2 months. The last dose in the vaccination series should not be administered before age 6 months. These infants should be tested for HBsAg and anti-HBs at 9-15 months of age.

Infants born to mothers whose HBsAq status is unknown should infants that dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAq status; if the HBsAq test is positive, the infant should receive HBiG as soon as possible (no later than age 1 week). The second dose is recommended at age 1-2 months. The last dose in the vaccination series should not be administered before age 6 months.

2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (OTaP). The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15-18 months. Tetanus and diphtheria toxoids (Td) is recommended at age 11-12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. Haemophilus influenzae type b (Hib) conjugate vaccine. Three Hb conjugate vaccines are licensed for infant use. If PRP-QMP (PedvaxHiBP) or ComVax® [Merck] is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months, but can be used as boosters following any Hib vaccine.

4. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4-6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and that both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule but the 11-12 week old dose.

5. Varicella vaccine. Vancella vaccine is recommended at any visit at or after age 12 months for susceptible children, i.e. those who lack a reliable history of chickenpox. Susceptible persons aged ≥13 years should receive two doses, given at least 4 weeks apart.

6. Pneumococcal vaccine. The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children age 2-23 months. It is also recommended for certain children age 24-59 months. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain

high-risk groups. See MMWR 2000;49(RR-9);1-38.

7. Hepatitis A vaccine. Hepatitis A vaccine is recommended for children and adolescents in selected states and regions, and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high risk groups who have not been immunized against hepatitis A can begin the hepatitis A vaccination series during any visit. The two doses in the series should be administered at least 6 months apart. See two doses in the series should be administered at least 6 months.

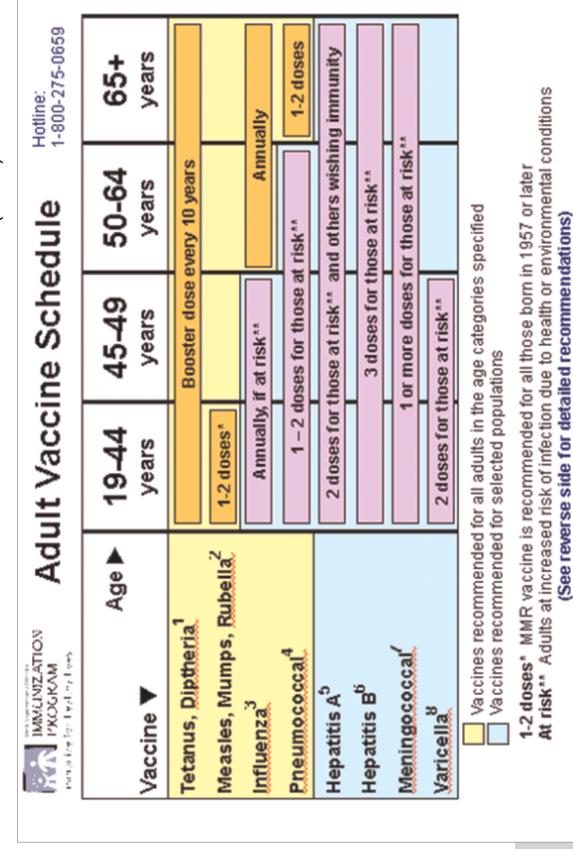
8. Influenza vaccine. Influenza vaccine is recommended annually for children age 26 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, diabetes, and household members of persons in groups at high risk, see MMWR 2002.51(RR-3); 1-31, and can be administered to all others wishing to obtain immunity. In addition, healthy children age 6-23 months are encouraged to receive influenza vaccine if feasible because children in this age group are at substantially increased risk for influenza-related hospitalizations. Children aged 512 years should receive vaccine in a dosage appropriate for their age (0.25 mL if age 6-35 months or 0.5 mL if aged 23 years). Children aged 58 years who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

Immunization Program Website at www.cdc.gov/nig or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish)

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National

Approved by the Advisory Committee on immunization Practices (<u>www.cdc.govinip/adip</u>), the American Academy of Pediatrics (<u>www.aap.org),</u> and the American Academy of Family Physicians (<u>www.aafo.org)</u>

Adult Vaccine Schedule Handout (front)



Adult Vaccine Schedule Handout (back)

- 1. Tetanus and Diphtheria (Td): All adults should complete a 3-dose primary series of Td, with the first 2 doses given at least 4 weeks apart and the 3rd dose given 6-12 months after the 2nd. All adults for whom 10 years have elapsed since their primary series or their last booster dose should receive a Td booster.
- 2. Measles, Mumps, Rubella: Adults born before 1957 are considered naturally immune. Adults born in 1957 or later should receive 1 dose of MMR vaccine. Some adults may need 2 doses given not less than 4 weeks apart, such as college students, those working in health care facilities, and international travelers.
- 3. Influenza: Administer influenza vaccine annually to all adults =50 years of age; residents of nursing homes and other long-term facilities; younger adults with chronic cardiopulmonary disorders, chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies, or immunosuppression; as well as to the household members, caregivers, and health care workers of the above. Other adults who wish to reduce their likelihood of becoming ill with influenza may also be vaccinated.
- 4. Pneumococcal: Give pneumococcal polysaccharide vaccine (PPV) to all adults =65 years and those <65 with chronic cardiovascular disease, chronic pulmonary disease, diabetes mellitus, alcoholism, cirrhosis, CFS leaks, functional or anatomic asplenia, HIV infection, leukemia, lymphoma, Hodgkins disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, or if receiving immunosuppressive chemotherapy. Routine revaccination of immunocompetent persons previously vaccinated with 23-valent PPV is not recommended; however, revaccination is recommended if a person was vaccinated =5 years previously and either (1) was <65 when first vaccinated and is now =65 years or (2) is at highest risk for serious pneumococcal infection, as defined by ACIP, or (3) is likely to have a rapid decline in pneumococcal antibody levels.
- 5. **Hepatitis A:** Give 2 doses of hepatitis A vaccine, 6-12 months apart, to persons who are at increased risk for infection with hepatitis A virus (HAV) as well as to food handlers and others wishing to obtain immunity. Populations at increased risk include: persons

- traveling to or working in countries with high rates of HAV, men who have sex with men, persons who use street drugs, persons with chronic liver disease, persons who work with HAV-infected primates or with HAV in a research setting, and persons with clotting factor
- who may be exposed to blood or blood products in their work, clients and staff of institutions for the developmentally disabled, hemodialysis patients, recipients of factor VIII or IX concentrates, household or sexual contacts of persons identified as HBsAg-positive, persons who plan to travel or live in HBV endemic areas, injecting drug users, sexually active homosexual or bisexual males, sexually active hemosexual or bisexual males, sexually active hereosexual persons with multiple partners or recent episode of an STD, inmates of long-term correctional facilities, and persons of Pacific Islander ethnicity or first generation immigrants/refugees from countries where HBV is endemic. Give a 3-dose series on a schedule of 0, 1, and 6 months.
- 7. Meningococcal: Give quadrivalent polysaccharide meningococcal vaccine (A/C/Y/W-135) to adults with terminal complement component deficiencies, those with anatomic or functional asplenia, and travelers to countries where meningococcal disease is epidemic. Consider revaccination within 3-5 years for persons who continue to be at high risk of infection. Providers may consider vaccination of college freshman who live in dormitories to reduce their slightly increased risk of disease.
- 8. Varicella: Administer varicella vaccine to susceptible persons who will have close contact with persons at high risk for serious complications. Consider vaccinating susceptible persons who are at high risk of exposure, such as those with occupational risk (i.e. teachers of young children, day care workers, and residents and staff in institutional settings); college students; inmates and staff of correctional institutions; military personnel; non-pregnant women of childbearing age; and international travelers. Give 2 doses 4-8 weeks apart.

PreventiveServices



Adult preventive Health Guidelines Handout

CV among Authorities. Individuals with special risk facto	2	Recommended intervals for each type of	preventive ca
	CV	g Authorities. Individ	ISL

Age 50 - 6

ADULT PREVENTATIVE HEALTH GUIDELINES

e may vary

RS PREVENTIVE SERVICES NEEDED	Eye and foot exams, Urine and blood tests	sm AIDS and TB test, Hepatitis, Influenza and TB tests	Blood sugar test	fugee or TB test	vior AIDS test, Syphilis test, Gonorrhea test, Chlamvdia test
RISK FACTORS	Diabetes	Drug Abuse/Alcoholism	Overweight	Homeless or recent refugee or immigrant	High risk sexual behavior

Every 1- 2 Years Yearly Every 1-2 Years Every 1-2 Years

Every 1 - 2 Years Every 1-2 Years

Monthly Monthly Monthly Yearly

Monthly Monthly Monthly

> Monthly Monthly Yearly

Self Testicular Exam

Self Breast Exam Self Skin Exam

Oral Cavity Exam

Every 1-3 Years Every 5 Years

Every 1-3 Years

Every 3 Years Yearly, advise by physician Advise by physician N/A N/A N/A Every 1-5 Years

Flexible Sigmoidoscopy Prostate Exam Polic Acid - 400 Micro

eye Exam

Fecal Occult Blood

Mammogram Cholesterol Pap Smear

Pre-pregnancy to prevent birth defects of brain and spind NS INMUNE Servey 10 years Every 10 Years

IMMUNIZATIONS

RISK FACTORS	PREVENTIVE SERVICES NEEDED
Diabetes	Eye and foot exams, Urine and blood tests
Drug Abuse/Alcoholism	AIDS and TB test, Hepatitis, Influenza and TB tests
Overweight	Blood sugar test
Homeless or recent refugee or immigrant	TB test
High risk sexual behavior	AIDS test, Syphilis test, Gonorrhea test, Chlamydia test

PEDIATRIC PREVENTATIVE HEALTH GUIDELINES

Smoking, Alcohol, Drugs, Sexual Behavior, AIDS, Nutrition, Physical Activity, Violence, Guns, Family Planning, Injuries Occupational Health. Folate Women age 12-45, Estrogen Women 45+, Aspirin Men and Women

ORAL HEALTH

WELL CHILD VISIT	PHYSICAL EXAM	IMMUNIZATION	DEVELOPMENTAL & BEHAVIO
2 Weeks	Metabolic screening, head size, height, weight	Hepatitis B, if not given in hospital	As appropriate for ag
2 Months	Physical exam, head size, weight	Hepatitis B, DTP/DTaP, HIB, Polio, Pneumococcal	As appropriate for ag
4 Months	Physical exam, head size, weight	DTP/DTaP, HIB, Polio, Pneumococcal	As appropriate for ag
6 Months	Physical exam, head size, weight	DTP/DTaP, HIB, Hepatitis B, Pneumococcal	As appropriate for ag
12 Months - 15 Months	Physical exam, head size, weight	DTP/DTaP, HIB, MMR, Polio, Pneumococcal, Varicella 12-18 months	As appropriate for ag
2 & 3 Years	Physical exam, head size, height, weight	No immunizations, unless immunizations not current	As appropriate for ag
4-6 Years	Physical exam, height, weight	DTP/DTaP, Polio, MMR	As appropriate for ag
6-10 Years	Yearly physical	No immunizations unless immunizations not current	As appropriate for ag
12-16 Years	Yearly physical, height, weight	MMR, Heputitis B to be assessed, Tetanus Booster, Varicella to be assessed	As appropriate for ag
2 Months to 18 Years		Hep A (In selected areas)	

	RISK FACTORS	PREVENTIVE SERVICES NEEDED
	Exposure to TB	TB Test
S	Sexually Active	PAP Test for females, Syphilis, Gonorrhea, Chlamyd
	High Risk Sexual Behavior	AIDS, Test, Hepatitis Immunization
	Drug Abuse	AIDS, TB test, Hepatitis Immunization

2 Weeks	Metabolic Screening
1-12 Months	Hematocrit or Hemoglobin, Urinalysis
12 Months - 2 Years	Blood/Lead level
3-5 Years	Tuberculin Test,
Sickle Cell if tes	Sickle Cell if tested once, does not need re-testing.

	Exposure to TB	TB Te
alysis	Sexually Active	PAP Test for females, Syphili
	High Risk Sexual Behavior	AIDS, Test, Hepatiti
	Drug Abuse	AIDS, TB test, Hepati